# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 14, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # M98000000549

1. Entity Name
WOLVERINE INVESTORS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 31200 NORTHWESTERN HWY<br>FARMINGTON HILLS, MI 48334 | 31200 NORTHWESTERN HWY<br>FARMINGTON HILLS, MI 48334 |

**DO NOT WRITE IN THIS SPACE**

03272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
38-3413377
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000508899
04/28/06-80054-013 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | PARTRICH, ROSS H |
| STREET ADDRESS | 31200 NORTHWESTERN HWY |
| CITY-ST-ZIP | FARMINGTON HILLS, MI 48334 |
| TITLE | MGRM |
| NAME | PARTRICH, SPENCER M |
| STREET ADDRESS | 31550 NORTHWESTERN HIGHWAY, SUITE 110 |
| CITY-ST-ZIP | FARMINGTON HILLS, MI 48334 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

11. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.* I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** R. Ross H Partrich 4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #